

BOPUK 531.01 \*  
PAGE 001 \*

INMATE HISTORY  
WRK DETAIL

\* 09-08-2006  
\* 07:44:54

REG NO.: 17110-016 NAME....: HILL, KENNY  
CATEGORY: WRK FUNCTION: PRT FORMAT:

FCL	ASSIGNMENT	DESCRIPTION	START DATE/TIME	STOP DATE/TIME
PET	ORD CAR H	ORD CAR H	04-17-2006 0001	CURRENT
PET	VACATION	ALL VACATIONS	04-11-2006 0001	04-17-2006 0001
PET	ORD CAR H	ORD CAR H	01-18-2005 0001	04-11-2006 0001
PET	ORD EDUC	EDUCATION ORDERLY	09-29-2004 0001	01-18-2005 0001
PET	UNASSG	UNASSIGNED WORK DETAIL	09-27-2004 1552	09-29-2004 0001
PET	A/O	NEEDS A/O PROCESSING	08-27-2004 1239	09-27-2004 1552
PEM	UNASSG	UNASSG	08-25-2004 1447	08-27-2004 1216
PHL	UNASSG	UNASSG	08-23-2004 1658	08-25-2004 0650
LEW	UNASSG	UNASSIGNED WORK DETAIL	08-20-2004 1429	08-23-2004 0927
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	04-17-2004 0001	08-20-2004 1045
MCK	VACATION	VACATION	04-16-2004 0001	04-17-2004 0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	03-25-2004 0001	04-16-2004 0001
MCK	VACATION	VACATION	03-24-2004 0001	03-25-2004 0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	03-13-2004 0001	03-24-2004 0001
MCK	VACATION	VACATION	03-12-2004 0001	03-13-2004 0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	02-14-2004 0001	03-12-2004 0001
MCK	VACATION	VACATION	02-13-2004 0001	02-14-2004 0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	01-21-2004 0001	02-13-2004 0001
MCK	VACATION	VACATION	01-20-2004 0001	01-21-2004 0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	11-29-2003 0001	01-20-2004 0001
MCK	VACATION	VACATION	11-26-2003 0001	11-29-2003 0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	10-24-2003 0001	11-26-2003 0001
MCK	VACATION	VACATION	10-23-2003 0001	10-24-2003 0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	09-16-2003 0001	10-23-2003 0001
MCK	VACATION	VACATION	09-15-2003 0001	09-16-2003 0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	07-19-2003 0001	09-15-2003 0001
MCK	VACATION	VACATION	07-17-2003 0001	07-19-2003 0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	04-17-2003 0001	07-17-2003 0001
MCK	VACATION	VACATION	04-14-2003 0001	04-17-2003 0001

MCK	I LAYUP 2	3:00 PM TO 11:00 PM	12-21-2002	0001	04-14-2003	0001
MCK	VACATION	VACATION	12-20-2002	0001	12-21-2002	0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	10-12-2002	0001	12-20-2002	0001
MCK	VACATION	VACATION	10-10-2002	0001	10-12-2002	0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	08-19-2002	0001	10-10-2002	0001
MCK	UNASSG	UNASSIGNED	08-15-2002	1125	08-19-2002	0001
MCK	SHU UNASSG	SHU UNASSIGNED	08-12-2002	1657	08-15-2002	1125
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	06-21-2002	0001	08-12-2002	1657
MCK	VACATION	VACATION	06-17-2002	0001	06-21-2002	0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	05-08-2002	0001	06-17-2002	0001
MCK	UNASSG	UNASSIGNED	04-29-2002	0754	05-08-2002	0001
MCK	SHU UNASSG	SHU UNASSIGNED	04-07-2002	1917	04-29-2002	0754

G0002            MORE PAGES TO FOLLOW . . .

BOPUK 531.01 *	INMATE HISTORY	*	09-08-2006
PAGE 002 OF 002 *	WRK DETAIL	*	07:44:54

REG NO.: 17110-016 NAME....: HILL, KENNY  
 CATEGORY: WRK            FUNCTION: PRT            FORMAT:

FCL	ASSIGNMENT DESCRIPTION	START DATE/TIME	STOP	DATE/TIME
MCK	I LAYUP 2    3:00 PM TO 11:00 PM	02-16-2002	0001	04-07-2002 1917
MCK	VACATION    VACATION	02-14-2002	0001	02-16-2002 0001
MCK	I LAYUP 2    3:00 PM TO 11:00 PM	08-25-2001	0001	02-14-2002 0001
MCK	VACATION    VACATION	08-24-2001	0001	08-25-2001 0001
MCK	I LAYUP 2    3:00 PM TO 11:00 PM	07-05-2001	0001	08-24-2001 0001
MCK	I PACK 1    PACKING 1	06-19-2001	0001	07-05-2001 0001
MCK	ORD B A    ORDERLY BA	04-12-2001	0001	06-19-2001 0001
MCK	UNASSG    UNASSIGNED	04-11-2001	0001	04-12-2001 0001

LAYER 2

TERMINATION

TRANSFER

**UNICOR**

Federal Prison Industries, Inc.

**Industrial Employment/IPRS Action Report**

1. Type Of Report:	UNICOR Action = 1 IPRS Action = 2 Both = 3	
2. If UNICOR Action	Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26 Enter 2 For Change In Employment Status, Complete Items 4 - 21, and 26 Enter 3 For Termination Of Employment, Complete Items 3, 4 - 12, 19 - 23, 26	
3. If IPRS Action	Enter 2 For Enrollment, Complete Items 4 - 6, 19 Enter 3 For Completion, Complete Items 4 - 6, 19 Enter 4 For Withdrawal, Complete Items 4 - 6, 19 22	
4. Register Number	5. Resident Name (Last, First, Middle)	6. Institution Code
17110-016	HILL, JENNIFER	231

**Action Recommended**From:

7. Job Number	8. Grade 1-4	9. Industry Code	10. Wage Plan	11. Dot Code	12. Position Title
012	4	MCPT	1	769687054	WOODWORK BUCKBOARD

1 = Hourly  
 2 = G.P.W.  
 3 = P.W.  
 X = Apprentice

To:

13. Job Number	14. Grade 1-4	15. Industry Code	16. Wage Plan	17. Dot Code	18. Position Title
19. Effective Date Month, Day, Year	20. Time Of Action	21. Check One: AM PM			
08-20-04	0710	I			

22. Reason For Termination Of Employment Or Withdrawal

1 = Released    2 = Transferred    3 = Program Change    4 = Inmate Request  
 5 = Program Discontinued    6 = Control Purposes    7 = Institutional Needs

23. Continuation of Longevity Status

1 = yes    0 = no    2 = no    (For use only when termination is for release (MR or parole).)

24. Date Of Enrollment Month, Day, Year

25. Total Inmate Hours Involved

**26. Signatures:**

Recommended By \_\_\_\_\_ Foreman Date: \_\_\_\_\_

Approved By \_\_\_\_\_ Plant Superintendent Date: \_\_\_\_\_

Approved By \_\_\_\_\_ Ass't Supt. Or Business Mgr. Date: \_\_\_\_\_

Entered On Payroll Records \_\_\_\_\_ Timekeeper Date: \_\_\_\_\_

PACKING

NEW HIRE

**UNICOR**

Federal Prison Industries, Inc.

**Industrial Employment/IPRS Action Report**

**3** 1. Type of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3

**1** 2. If UNICOR Action Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26  
Enter 2 For Change In Employment Status, Complete Items 4-21, and 26  
Enter 3 For Termination Of Employment, Complete Items 3, 4-12, 19-23, 26

**2** 3. If IPRS Action Enter 2 For Enrollment, Complete Items 4-6, 19  
Enter 3 For Completion, Complete Items 4-6, 19  
Enter 4 For Withdrawal, Complete Items 4-6, 19, 22

4. Register Number 5. Resident Name (Last, First, Middle) 6. Institution Code  
**17110-016 HILL, KENNY 231**

**Action Recommended**From:

7. Job Number 8. Grade 1 - 4 9. Industry Code 10. Wage Plan 11. Dot Code 12. Position Title  
**012 4 MCFT 1 7696879054 WD WRK SHOP HAND**

1 = Hourly  
2 = G.P.W.  
3 = P.W.  
X = Apprentice

To:

13. Job Number 14. Grade 1 - 4 15. Industry Code 16. Wage Plan 17. Dot Code 18. Position Title  
**01 01 0710**

19. Effective Date Month, Day, Year 20. Time of Action 21. Check One: AM PM  
**06-19-01 0710 X**

**22. Reason For Termination Of Employment Or Withdrawal**

1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request  
5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs

**23. Continuation of Longevity Status**

1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).)

**0710** 24. Date Of Enrollment Month, Day, Year

**0710** 25. Total Inmate Hours Involved

**26. Signatures:**

Recommended By [Signature] Foreman

Date: 6/27/01

Approved By [Signature] Plant Superintendent

Date: 6/27/01

Approved By [Signature] Ass't Supt. Or Business Mgr.

Date: 6/27/01

Entered On Payroll Records [Signature] Timekeeper

Date: 6/27/01

## FACTORY RULES AND REGULATIONS

NAME Kenny Hill UNIT BA-235-L LOCKER# \_\_\_\_\_ CHIT# \_\_\_\_\_

1. INMATE WORKERS ARE FORBIDDEN TO LEAVE THE DEPARTMENT TO WHICH THEY ARE ASSIGNED, UNLESS THEY RECEIVE PERMISSION FROM THEIR FOREMAN OR SUPERVISOR. WHEN ENTERING ANOTHER DEPARTMENT, THEY MUST REPORT IMMEDIATELY TO THE SUPERVISOR IN CHARGE. INMATE WORKERS ON CALL-OUT MUST NOTIFY THEIR FOREMAN OR SUPERVISOR PRIOR TO LEAVING ON A CALL-OUT, AND ONCE THEY RETURN FROM A CALL-OUT.
2. ALL INMATES MUST WEAR STEEL TOE SAFETY SHOES WHILE WORKING IN UNICOR.
3. SAFETY GLASSES MUST BE WORN AT ALL TIMES WHILE IN THE FACTORY.
4. HEARING PROTECTION MUST BE WORN AT ALL STATIONS DESIGNATED AS HIGH NOISE LEVEL AREAS.
5. INMATES WILL PERFORM ANY ASSIGNED DUTIES GIVEN TO THEM BY ANY FOREMAN OR SUPERVISOR.
6. INMATE WORKERS WILL ONLY PERFORM TASKS THAT ARE ASSIGNED TO THEM. OPERATING ANY MACHINERY OR EQUIPMENT, OR PERFORMING ANY OPERATION THAT HAS NOT BEEN SPECIFICALLY ASSIGNED BY A SUPERVISOR IS STRICTLY FORBIDDEN AND WILL BE SUBJECT TO AN INCIDENT REPORT.
7. OPERATING ANY EQUIPMENT WITHOUT USING THE SAFETY GUARDS PROVIDED, OR REMOVAL OF SAID GUARDS IS FORBIDDEN AND SUBJECT TO DISCIPLINARY ACTION.
8. HORSEPLAY WILL NOT BE TOLERATED AND IS SUBJECT TO REMOVAL FROM UNICOR EMPLOYMENT.
9. FORKLIFT OPERATORS ARE THE ONLY ONES AUTHORIZED TO RIDE ON THE FORKLIFTS. DO NOT RIDE ON THE FORKLIFTS OR PALLET-TRUCKS.
10. REPORT ALL SAFETY HAZARDS TO YOUR SUPERVISOR IMMEDIATELY. DO NOT CONTINUE TO WORK UNDER UNSAFE CONDITIONS.
11. ALL INJURIES, NO MATTER HOW MINOR, SHOULD BE REPORTED TO YOUR SUPERVISOR IMMEDIATELY.
12. ALL INMATE WORKERS ARE PROHIBITED FROM BRINGING PERSONAL PROPERTY INTO, OR TAKING UNAUTHORIZED ITEMS OUT OF, UNICOR.
13. THE FABRICATION OR REPAIR OF PERSONAL ITEMS ON GOVERNMENT EQUIPMENT IS AGAINST THE REGULATIONS AND IS PROHIBITED IN THE UNICOR FACTORY.
14. THERE WILL BE ABSOLUTELY NO SMOKING IN THE FACTORY, EXCEPT IN DESIGNATED AREAS. ANY VIOLATION OF THIS RULE WILL RESULT IN AN IMMEDIATE INCIDENT REPORT AND POSSIBLE DISMISSAL FROM UNICOR EMPLOYMENT.
15. WORK STOPS 10 MINUTES PRIOR TO LUNCH FOR TOOL CALL AND WASH UP, AND 20 MINUTES PRIOR TO RECALL FOR TOOL CHECK IN, AREA CLEAN UP, AND TO WASH UP.
16. INMATES WHO RECEIVE A DISCIPLINARY SEGREGATION SANCTION ARE SUBJECT TO TERMINATION FROM UNICOR EMPLOYMENT, AND WILL BE PLACED ON THE NON-PRIORITY UNICOR WAITING LIST.
17. INMATES WHO HAVE TRANSFERRED FROM ANOTHER INSTITUTION DUE TO DISCIPLINARY REASONS WILL BE PLACED ON THE NON-PRIORITY UNICOR WAITING LIST.

I understand the above rules and regulations, and understand that disregard for any of the above shall constitute a reason for my termination from UNICOR Employment.

Signature: Kenny Hill Register No: 17110-016 Date: 6-19-01

FEDERAL PRISON INDUSTRIES, Inc.

UNICOR - McKEAN

P.O. BOX 8000

Phone #(814) 362-8900

Fax #(814) 362-4151

MEMORANDUM

DATE: September 30, 1999

REPLY TO:  
ATTN OF Martin Sapko, Factory Manager.

SUBJECT: Issuance of Safety Glasses

TO: New UNICOR Inmate Workers

Effective immediately, all workers who are required to wear safety glasses will be furnished one (1) pair of safety glasses. These safety glasses may be kept in the housing unit or work locker. However, regardless of where you store them, they are your responsibility and must be well be cared for. If you lose your safety glasses, \$5.00 will be deducted from your monthly UNICOR pay at the end of the month for each pair lost. Safety glasses are required for all production workers and must be worn everywhere on the factory floor.

I received one (1) pair of safety glasses on 6/19/01,  
and I agree to the above conditions.

Signature: Kenny Hill

Name: KENNY HILL

Reg. Number: 17110-016

# Production Worker's Training Record

(CHECKLIST)  
for

Inmate Name

Kenny Hill

Reg. Number

17110-016

- ☒ 1.) I have had a department orientation by my department supervisor.
- ☒ 2.) I have read and understand the Factory Rules and Safety Regulations.
- ☒ 3.) I have read and understand the department procedures for my assigned area.
- ☒ 4.) I have participated in the 3 credit hrs., Industrial Familiarization Class.
- ☒ 5.) I have had on the job training with an experienced production worker.
- ☒ 6.) I have read and understand my Job Description.
- ☒ 7.) I have been instructed on the MSDS center in the Unicor Factory.
- ☒ 8.) I have familiarized myself with ISO-9001-2000 standards, Unicor McKean's Q.M.S., and the role I play in the system.

Kenny Hill #17110-016  
Inmate Signature & Reg. Number

6-23-03  
Date

MB  
Woodworking Supervisor Signature

6/23/03  
Date

TITLE: TRAINING RECORD	CONTROL NO. 1403	DATE: 6/11/03
Production - UNICOR MCKEAN	REV: Original Issue	SHEET 1 OF 1

**UNICOR McKean  
Federal Prison Industries, Inc.  
Federal Correctional Institution  
McKean, Pa. 16701**

**JOB DESCRIPTION REPORT**

Inmate's Name: Kenny Hill Register Number: 17110-016  
Institution Code: 231 Industry Code: MCFT

Job Description: Woodwork Shophand Department: Packing

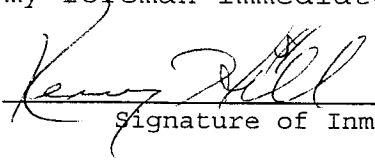
*Duties: Responsible for stacking, cushioning and wrapping product. Secures load with steel strapping. Responsible for visually inspecting all materials being packed for surface defects or blemishes. All other duties as assigned in UNICOR.*

I have instructed inmate Kenny Hill Reg. No. 17110-016  
in the proper procedures in which to implement his assigned work detail, which  
includes standard maintenance, safety procedures, and routine use.

  
Foreman

  
Date

I have received proper instruction on how to implement my job assignment. If I  
have any problem with implementing my assigned job, I am instructed to contact  
my foreman immediately.

  
Signature of Inmate

17110-016  
Register Number

7-17-01  
Date



MCK2G 531.01 \* INMATE HISTORY \* 08-30-2006  
 PAGE 001 \* WRK DETAIL \* 14:59:09

REG NO.: 17110-016 NAME: HILL, KENNY  
 CATEGORY: WRK FUNCTION: PRT FORMAT:

FCL	ASSIGNMENT	DESCRIPTION	START DATE/TIME	STOP DATE/TIME
PET	ORD CAR H	ORD CAR H	04-17-2006 0001	CURRENT
PET	VACATION	ALL VACATIONS	04-11-2006 0001	04-17-2006 0001
PET	ORD CAR H	ORD CAR H	01-18-2005 0001	04-11-2006 0001
PET	ORD EDUC	EDUCATION ORDERLY	09-29-2004 0001	01-18-2005 0001
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PHL	UNASSG	UNASSG	08-23-2004 1658	08-25-2004 0650
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MCK	VACATION	VACATION	03-24-2004 0001	03-25-2004 0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	03-13-2004 0001	03-24-2004 0001
MCK	VACATION	VACATION	03-12-2004 0001	03-13-2004 0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	02-14-2004 0001	03-12-2004 0001
MCK	VACATION	VACATION	02-13-2004 0001	02-14-2004 0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	01-21-2004 0001	02-13-2004 0001
MCK	VACATION	VACATION	01-20-2004 0001	01-21-2004 0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	11-29-2003 0001	01-20-2004 0001
MCK	VACATION	VACATION	11-26-2003 0001	11-29-2003 0001
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MCK	I LAYUP 2	3:00 PM TO 11:00 PM	09-16-2003 0001	10-23-2003 0001
MCK	VACATION	VACATION	09-15-2003 0001	09-16-2003 0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	07-19-2003 0001	09-15-2003 0001
MCK	VACATION	VACATION	07-17-2003 0001	07-19-2003 0001
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MCK	VACATION	VACATION	10-10-2002 0001	10-12-2002 0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	08-19-2002 0001	10-10-2002 0001
MCK	UNASSG	UNASSIGNED	08-15-2002 1125	08-19-2002 0001
MCK	SHU UNASSG	SHU UNASSIGNED	08-12-2002 1657	08-15-2002 1125
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	06-21-2002 0001	08-12-2002 1657
MCK	VACATION	VACATION	06-17-2002 0001	06-21-2002 0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	05-08-2002 0001	06-17-2002 0001
MCK	UNASSG	UNASSIGNED	04-29-2002 0754	05-08-2002 0001
MCK	SHU UNASSG	SHU UNASSIGNED	04-07-2002 1917	04-29-2002 0754

G0002 MORE PAGES TO FOLLOW . . .

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MCK	VACATION	VACATION	08-24-2001 0001	08-25-2001	0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	07-05-2001 0001	08-24-2001	0001
MCK	I PACK 1	PACKING 1	06-19-2001 0001	07-05-2001	0001
MCK	ORD B A	ORDERLY BA	04-12-2001 0001	06-19-2001	0001
MCK	UNASSG	UNASSIGNED	04-11-2001 0001	04-12-2001	0001
MCK	A&O	ADMISSION & ORIENTATION	04-06-2001 0845	04-11-2001	0001
LEW	UNASSG	UNASSIGNED WORK DETAIL	04-02-2001 1905	04-06-2001	0603
OKL	UNASSG	UNASSIGNED HOLDOVER	03-28-2001 1715	04-02-2001	0810
THA	IND FIN PM	INDUSTRIES FINISH P.M.	11-06-2000 0001	03-28-2001	0800
THA	IND FINISH	INDUSTRIES FINISH	09-22-2000 0001	11-06-2000	0001
THA	ORD C	ORD	08-04-2000 0001	09-22-2000	0001
THA	UNASSG	UNASSIGNED WORK DETAIL	07-06-2000 1000	08-04-2000	0001
OKL	UNASSG	UNASSIGNED HOLDOVER	07-03-2000 1640	07-06-2000	0710

MCK	UNASSG	UNASSIGNED	08-15-2002	1125	08-19-2002	0001
MCK	SHU UNASSG	SHU UNASSIGNED	08-12-2002	1657	08-15-2002	1125
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	06-21-2002	0001	08-12-2002	1657
MCK	VACATION	VACATION	06-17-2002	0001	06-21-2002	0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	05-08-2002	0001	06-17-2002	0001
MCK	UNASSG	UNASSIGNED	04-29-2002	0754	05-08-2002	0001
MCK	SHU UNASSG	SHU UNASSIGNED	04-07-2002	1917	04-29-2002	0754

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MCK	VACATION VACATION	02-14-2002 0001	02-16-2002 0001
MCK	I LAYUP 2 3:00 PM TO 11:00 PM	08-25-2001 0001	02-14-2002 0001
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MCK	I PACK 1 PACKING 1	06-19-2001 0001	07-05-2001 0001
MCK	ORD B A ORDERLY BA	04-12-2001 0001	06-19-2001 0001
MCK	UNASSG UNASSIGNED	04-11-2001 0001	04-12-2001 0001
MCK	A&O ADMISSION & ORIENTATION	04-06-2001 0845	04-11-2001 0001
LEW	UNASSG UNASSIGNED WORK DETAIL	04-02-2001 1905	04-06-2001 0603
OKL	UNASSG UNASSIGNED HOLDOVER	03-28-2001 1715	04-02-2001 0810
THA	IND FIN PM INDUSTRIES FINISH P.M.	11-06-2000 0001	03-28-2001 0800
THA	IND FINISH INDUSTRIES FINISH	09-22-2000 0001	11-06-2000 0001
THA	ORD C ORD	08-04-2000 0001	09-22-2000 0001
THA	UNASSG UNASSIGNED WORK DETAIL	07-06-2000 1000	08-04-2000 0001
OKL	UNASSG UNASSIGNED HOLDOVER	07-03-2000 1640	07-06-2000 0710

G0000 TRANSACTION SUCCESSFULLY COMPLETED



UNITED STATES GOVERNMENT

**memorandum**

FEDERAL BUREAU OF PRISONS

UNICOR FEDERAL PRISON

INDUSTRIES

Federal Correctional Institution, McKean

Bradford, Pennsylvania

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September 1, 2006

MEMORANDUM FOR DOUG GOLDRING, ASSISTANT GENERAL COUNSEL, FPI

FROM:

*Tim Holohan*  
Tim Holohan, System Accountant

SUBJECT:

FPI Form 96

The original (attached) Form 96 dated August 20, 2004 for Inmate Hill, Kenny, reg. no. 17110-016 was a carbon form and is not legible. We are attaching a hand written replication of the Form 96 which can be easily read.

Please advise us if you would like us to proceed differently.



# UNICOR

**Federal Prison Industries, Inc.**

# Industrial Employment/IPRS Action Report

<input type="checkbox"/>	1.	Type Of Report:	UNICOR Action = 1 IPRS Action = 2 Both = 3
<input type="checkbox"/>	2.	If UNICOR Action	Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26 Enter 2 For Change In Employment Status, Complete Items 4 - 21, and 26 Enter 3 For Termination Of Employment, Complete Items 3, 4 - 12, 19 - 23, 26
<input type="checkbox"/>	3.	If IPRS Action	Enter 2 For Enrollment, Complete Items 4 - 6, 19 Enter 3 For Completion, Complete Items 4 - 6, 19 Enter 4 For Withdrawal, Complete Items 4 - 6, 19 22
	4.	Register Number	5. Resident Name (Last, First, Middle)
			6. Institution Code

Action Recommended									
From:									
7. Job Number	8. Grade 1 - 4	9. Industry Code	10. Wage Plan	11. Dot Code			12. Position Title		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>		
				1 = Hourly 2 = G.P.W. 3 = P.W.			X = Apprentice		
To:									
13. Job Number	14. Grade 1 - 4	15. Industry Code	16. Wage Plan	17. Dot Code			18. Position Title		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>		
19. Effective Date Month, Day, Year		20. Time Of Action					21. Check One:      AM      PM		
<input type="text"/>		<input type="text"/>					<input type="text"/>		

22. Reason For Termination Of Employment Or Withdrawal

1 = Released      2 = Transferred      3 = Program Change      4 = Inmate Request  
5 = Program Discontinued      6 = Control Purposes      7 = Institutional Needs

23. Continuation of Longevity Status  
1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).)

24. Date Of Enrollment Month, Day, Year

25. Total Inmate Hours Involved

**26. Signatures:**

Recommended By \_\_\_\_\_ Foreman

Date: 05/05/2017

Approved By \_\_\_\_\_ Plant Superintendent

Date: \_\_\_\_\_

Approved By \_\_\_\_\_ Ass't Supt. Or Business Mgr.

Date: \_\_\_\_\_

Entered On Payroll Records \_\_\_\_\_ Timekeeper

Date: \_\_\_\_\_

**UNICOR**

Federal Prison Industries, Inc.

**Industrial Employment/IPRS Action Report**

3	1. Type of Report:	UNICOR Action = 1 IPRS Action = 2 Both = 3
3	2. If UNICOR Action	Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26 Enter 2 For Change In Employment Status, Complete Items 4-21, and 26 Enter 3 For Termination Of Employment, Complete Items 3, 4-12, 19-23, 26
3	3. If IPRS Action	Enter 2 For Enrollment, Complete Items 4-6, 19 Enter 3 For Completion, Complete Items 4-6, 19 Enter 4 For Withdrawal, Complete Items 4-6, 19, 22
4. Register Number		5. Resident Name (Last, First, Middle)
17110-016		HILL KENNY
		6. Institution Code
		231

**Action Recommended**

From:

7. Job Number	8. Grade 1 - 4	9. Industry Code	10. Wage Plan	11. Dot Code	12. Position Title
012	4	MICAT	1	7169687054	MOTOR WORK SHOP HAND

1 = Hourly  
2 = G.P.W.  
3 = P.W.

X = Apprentice

To:

13. Job Number	14. Grade 1 - 4	15. Industry Code	16. Wage Plan	17. Dot Code	18. Position Title
19. Effective Date Month, Day, Year		20. Time of Action		21. Check One: AM PM	
08-20-04		0710		X	

3	22. Reason For Termination Of Employment Or Withdrawal
	1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request 5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs
	23. Continuation of Longevity Status
	1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).)

	24. Date Of Enrollment Month, Day, Year
	25. Total Inmate Hours Involved

**26. Signatures:**

Recommended By \_\_\_\_\_ Foreman Date: \_\_\_\_\_

Approved By \_\_\_\_\_ Plant Superintendent Date: \_\_\_\_\_

Approved By \_\_\_\_\_ Ass't Supt. Or Business Mgr. Date: \_\_\_\_\_

Entered On Payroll Records \_\_\_\_\_ Timekeeper Date: \_\_\_\_\_



**UNICOR**

Federal Prison Industries, Inc.

**Industrial Employment/IPRS Action Report**

3	1. Type of Report:	UNICOR Action = 1 IPRS Action = 2 Both = 3
1	2. If UNICOR Action	Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26 Enter 2 For Change In Employment Status, Complete Items 4-21, and 26 Enter 3 For Termination Of Employment, Complete Items 3, 4-12, 19-23, 26
2	3. If IPRS Action	Enter 2 For Enrollment, Complete Items 4-6, 19 Enter 3 For Completion, Complete Items 4-6, 19 Enter 4 For Withdrawal, Complete Items 4-6, 19, 22
4. Register Number		5. Resident Name (Last, First, Middle)
1 7 1 1 0 - 0 1 6		H I L L , K E N N Y
		6. Institution Code
		2 3 1

**Action Recommended**

From:

7. Job Number	8. Grade 1 - 4	9. Industry Code	10. Wage Plan	11. Dot Code	12. Position Title
0 1 2	4	M C F T	1	7 6 9 6 8 7 9 3 4	W D W R K S H O P H A N D

1 = Hourly  
2 = G.P.W.  
3 = P.W.  
X = Apprentice

To:

13. Job Number	14. Grade 1 - 4	15. Industry Code	16. Wage Plan	17. Dot Code	18. Position Title
0 1					

19. Effective Date Month, Day, Year	20. Time of Action	21. Check One: AM PM
0 6 - 1 9 - 0 1	0 7 1 0	X

**22. Reason For Termination Of Employment Or Withdrawal**

1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request  
5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs

**23. Continuation of Longevity Status**

1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).)

24. Date Of Enrollment Month, Day, Year

25. Total Inmate Hours Involved

**26. Signatures:**Recommended By M. S. S. S. ForemanDate: 6/21/01Approved By Debra A. Forsyth Plant SuperintendentDate: 6/28/01Approved By T. K. K. Ass't Supt. Or Business Mgr.Date: 6/27/01Entered On Payroll Records B. K. Kern TimekeeperDate: 6/27/01





UNICOR

Federal Prison Industries, Inc.

Federal Correctional Institution  
Ray Brook, NY 12977

REQUEST FOR INMATE VACATION

LAYUP II  
DEPARTMENT

3-23-04  
DATE

11109

NAME: HILL KENNETH  
LAST FIRST

17110-016  
REGISTRATION NUMBER

I REQUEST VACATION FROM 4-16 TO 4-17 (1-DAY)

\*I REQUEST TO WORK MY VACATION AND RECEIVE PAY IN LIEU OF TAKING THE DAYS OFF (MUST BE ANNIVERSARY DATE).

INMATE'S SIGNATURE

APPROVED BY:

WORK SUPERVISOR

APPROVED BY:

DEPARTMENT HEAD

BUSINESS OFFICE:

THE ABOVE NAMED INMATE HAS BEEN EMPLOYED IN INDUSTRIES SINCE 6/19/2001, AND HAS ACCUMULATED 11.09 DAYS VACATION. VACATION CREDIT IS PRESENTLY BEING EARNED AT 7.15 DOLLARS PER MONTH.

(1/2) (1)

COMPUTED BY:

TIMEKEEPER

REVIEWED BY:

ACCOUNTANT

FINAL APPROVED BY:

SUPERINTENDENT

UNIT TEAM ACTION:

APPROVED:

DISAPPROVED

PLEASE STATE REASONS WHY IF DISAPPROVED.

SIGNATURE

\*THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE. (PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)



**UNICOR**

Federal Prison Industries, Inc.

REQUEST FOR INMATE VACATION

Federal Correctional Institution  
Ray Brook, NY 12977

LAP UP II  
DEPARTMENT

3-8-04  
DATE

JFK  
18124

NAME: HILL KENN  
LAST FIRST

#17110-016  
REGISTRATION NUMBER

I REQUEST VACATION FROM 3-24 TO 3-25 1-DAY

\*I REQUEST TO WORK MY VACATION AND RECEIVE PAY IN LIEU OF TAKING THE DAYS OFF \_\_\_\_\_  
(MUST BE ANNIVERSARY DATE).

[Signature]  
INMATES SIGNATURE

APPROVED BY:

[Signature]  
WORK SUPERVISOR

APPROVED BY:

[Signature]  
DEPARTMENT HEAD

BUSINESS OFFICE:

THE ABOVE NAMED INMATE HAS BEEN EMPLOYED IN INDUSTRIES SINCE 6/19 192001, AND  
HAS ACCUMULATED 18124 HRS VACATION. VACATION CREDIT IS PRESENTLY BEING EARNED  
AT 7:15 HRS PER MONTH.

(1)

COMPUTED BY:

JFK  
TIMEKEEPER

REVIEWED BY:

JFK  
ACCOUNTANT

FINAL APPROVED BY:

[Signature]  
SUPERINTENDENT

UNIT TEAM ACTION:

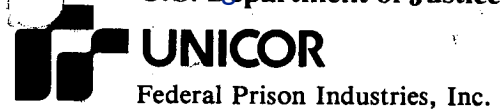
APPROVED: \_\_\_\_\_

DISAPPROVED: \_\_\_\_\_

PLEASE STATE REASONS WHY IF  
DISAPPROVED.

SIGNATURE \_\_\_\_\_

\*THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE.  
(PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)



REQUEST FOR INMATE VACATION

Federal Correctional Institution  
Ray Brook, NY 12977

LAY UP 2

~~PAKETT~~

DEPARTMENT

2-18-04  
DATE

2/22

10:54

HILL KENN  
NAME: LAST FIRST

#17110-016  
REGISTRATION NUMBER

I REQUEST VACATION FROM 3-12 TO 3-13 1-DAY

\*I REQUEST TO WORK MY VACATION AND RECEIVE PAY IN LIEU OF TAKING THE DAYS OFF \_\_\_\_\_  
(MUST BE ANNIVERSARY DATE).

*[Signature]*  
INMATE'S SIGNATURE

APPROVED BY:

*[Signature]*  
WORK SUPERVISOR

APPROVED BY:

*[Signature]*  
DEPARTMENT HEAD

BUSINESS OFFICE:

THE ABOVE NAMED INMATE HAS BEEN EMPLOYED IN INDUSTRIES SINCE 6/19/2004, AND  
HAS ACCUMULATED 10.54 DAY(S) VACATION. VACATION CREDIT IS PRESENTLY BEING EARNED  
AT 7.15 DAY PER MONTH.

(1/2) (1)

COMPUTED BY:

*[Signature]*  
TIMEKEEPER

REVIEWED BY:

*[Signature]*  
ACCOUNTANT

FINAL APPROVED BY:

*[Signature]*  
SUPERINTENDENT

UNIT TEAM ACTION:

APPROVED: \_\_\_\_\_

DISAPPROVED: \_\_\_\_\_

PLEASE STATE REASONS WHY IF  
DISAPPROVED.

SIGNATURE \_\_\_\_\_

\*THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE.  
(PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)



UNICOR

Federal Prison Industries, Inc.

Federal Correctional Institution  
Ray Brook, NY 12977

REQUEST FOR INMATE VACATION

DEPARTMENT

DATE

NAME:

LAST

FIRST

REGISTRATION NUMBER

I REQUEST VACATION FROM 2-13 TO 2-17 1-DAY

\*I REQUEST TO WORK MY VACATION AND RECEIVE PAY IN LIEU OF TAKING THE DAYS OFF \_\_\_\_\_  
(MUST BE ANNIVERSARY DATE).

INMATES SIGNATURE

APPROVED BY:

WORK SUPERVISOR

APPROVED BY:

DEPARTMENT HEAD

BUSINESS OFFICE:

THE ABOVE NAMED INMATE HAS BEEN EMPLOYED IN INDUSTRIES SINCE 6/19/2001, AND  
HAS ACCUMULATED 11:09 DAY(S) VACATION. VACATION CREDIT IS PRESENTLY BEING EARNED  
AT 7:15 DAY PER MONTH.

(1/2) (1)

COMPUTED BY:

TIMEKEEPER

REVIEWED BY:

ACCOUNTANT

FINAL APPROVED BY:

SUPERINTENDENT

UNIT TEAM ACTION:

APPROVED: \_\_\_\_\_

DISAPPROVED: \_\_\_\_\_

PLEASE STATE REASONS WHY IF  
DISAPPROVED.

SIGNATURE \_\_\_\_\_

\*THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE.  
(PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)



UNICOR

Federal Prison Industries, Inc.

REQUEST FOR INMATE VACATION

Federal Correctional Institution  
Ray Brook, NY 12977

LAY UP II  
DEPARTMENT

1-9-04  
DATE

25:24

NAME:

LAST

FIRST

17110-016  
REGISTRATION NUMBER

I REQUEST VACATION FROM 1-21 TO 1-22 1-DAY

\*I REQUEST TO WORK MY VACATION AND RECEIVE PAY IN LIEU OF TAKING THE DAYS OFF \_\_\_\_\_  
(MUST BE ANNIVERSARY DATE).

[Signature]  
INMATE SIGNATURE

APPROVED BY:

[Signature]  
WORK SUPERVISOR

APPROVED BY:

[Signature]  
DEPARTMENT HEAD

BUSINESS OFFICE:

THE ABOVE NAMED INMATE HAS BEEN EMPLOYED IN INDUSTRIES SINCE 6/19 192001, AND  
HAS ACCUMULATED 25:24 hrs DAY(S) VACATION. VACATION CREDIT IS PRESENTLY BEING EARNED  
AT 7:15 hrs PER MONTH.

(1/2) (1)

COMPUTED BY:

[Signature]  
TIMEKEEPER

REVIEWED BY:

[Signature]  
ACCOUNTANT

FINAL APPROVED BY:

[Signature]  
SUPERINTENDENT

UNIT TEAM ACTION:

APPROVED: \_\_\_\_\_

DISAPPROVED: \_\_\_\_\_

PLEASE STATE REASONS WHY IF  
DISAPPROVED.

SIGNATURE \_\_\_\_\_

\*THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE.  
(PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)



Federal Correctional Institution  
Ray Brook, NY 12977

REQUEST FOR INMATE VACATION

Lay up - 2  
~~27/12/06~~  
DEPARTMENT

1/5/09  
DATE

1/8  
25:24

NAME: HILL LAST ENDY FIRST

17110-016  
REGISTRATION NUMBER

I REQUEST VACATION FROM 1-20 TO 1-21 1 DAY

\*I REQUEST TO WORK MY VACATION AND RECEIVE PAY IN LIEU OF TAKING THE DAYS OFF \_\_\_\_\_  
(MUST BE ANNIVERSARY DATE).

[Signature]  
INMATES SIGNATURE

APPROVED BY:  
[Signature]  
WORK SUPERVISOR

APPROVED BY:  
[Signature]  
DEPARTMENT HEAD

BUSINESS OFFICE:

THE ABOVE NAMED INMATE HAS BEEN EMPLOYED IN INDUSTRIES SINCE 6/19 192004, AND  
HAS ACCUMULATED 25.4 hrs DAY(S) VACATION. VACATION CREDIT IS PRESENTLY BEING EARNED  
AT 7.15 hrs DAY PER MONTH.

(1/2) (1)

COMPUTED BY:  
[Signature]  
TIMEKEEPER

REVIEWED BY:  
[Signature]  
ACCOUNTANT

FINAL APPROVED BY:  
[Signature]  
SUPERINTENDENT

UNIT TEAM ACTION: APPROVED: \_\_\_\_\_ DISAPPROVED: \_\_\_\_\_

PLEASE STATE REASONS WHY IF DISAPPROVED.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE \_\_\_\_\_

\*THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE.  
(PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)



UNICOR

Federal Prison Industries, Inc.

Federal Correctional Institution  
Ray Brook, NY 12977

REQUEST FOR INMATE VACATION

DEPARTMENT

11-7-03  
DATE

2-DAYS

NAME:

LAST

FIRST

REGISTRATION NUMBER

25129

I REQUEST VACATION FROM 11-26 to 11-28 2 DAYS

\*I REQUEST TO WORK MY VACATION AND RECEIVE PAY IN LIEU OF TAKING THE DAYS OFF \_\_\_\_\_  
(MUST BE ANNIVERSARY DATE).

INMATES SIGNATURE

APPROVED BY:

WORK SUPERVISOR

APPROVED BY:

DEPARTMENT HEAD

BUSINESS OFFICE:

THE ABOVE NAMED INMATE HAS BEEN EMPLOYED IN INDUSTRIES SINCE 6/19/2001, AND  
HAS ACCUMULATED 25.24 DAY(S) VACATION. VACATION CREDIT IS PRESENTLY BEING EARNED  
AT 7.15 HRS PER MONTH.

(1/2) (1)

COMPUTED BY:

TIMEKEEPER

REVIEWED BY:

ACCOUNTANT

FINAL APPROVED BY:

SUPERINTENDENT

UNIT TEAM ACTION:

APPROVED: \_\_\_\_\_

DISAPPROVED \_\_\_\_\_

PLEASE STATE REASONS WHY IF  
DISAPPROVED.

SIGNATURE \_\_\_\_\_

\*THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE.  
(PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

**From:** Tim Holohan  
**To:** Mincemoyer, Chris  
**Date:** 10/22/03 10:20AM  
**Subject:** Award Day

Chris,

Can you accept this as granting an on the spot award day fro Kenny Hill (2nd shift)?

He suggested a safety issue to us on the lay-up line regarding placing non-skid material on either side of the elevated platform.

I told Hill he could use this on Thursday, October 23, 2003.

WAC

Thanks,  
Tim

17110-016

lay 2

10:54

7:15

~~17:69~~

18:09

W

FILE





UNICOR

Federal Prison Industries, Inc.

Federal Correctional Institution  
Ray Brook, NY 12977

REQUEST FOR INMATE VACATION

DEPARTMENT

8-2903

DATE

25124

NAME:

LAST

FIRST

REGISTRATION NUMBER

I REQUEST VACATION FROM

9-15 TO 9-16-03 1 DAY

\*I REQUEST TO WORK MY VACATION AND RECEIVE PAY IN LIEU OF TAKING THE DAYS OFF

(MUST BE ANNIVERSARY DATE).

INMATES SIGNATURE

APPROVED BY:

WORK SUPERVISOR

APPROVED BY:

DEPARTMENT HEAD

BUSINESS OFFICE:

THE ABOVE NAMED INMATE HAS BEEN EMPLOYED IN INDUSTRIES SINCE 6/19/02, AND  
HAS ACCUMULATED 25.24 hrs DAY(S) VACATION. VACATION CREDIT IS PRESENTLY BEING EARNED  
AT 7.15 hrs DAY PER MONTH.

(1/2) (1)

COMPUTED BY:

TIMEKEEPER

REVIEWED BY:

ACCOUNTANT

FINAL APPROVED BY:

SUPERINTENDENT

UNIT TEAM ACTION:

APPROVED:

DISAPPROVED

PLEASE STATE REASONS WHY IF  
DISAPPROVED.

SIGNATURE

\*THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE.  
(PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)



U.S. Department of Justice

UNICOR

Federal Prison Industries, Inc.

REQUEST FOR INMATE VACATION

Low 2  
DEPARTMENT

6-19-03  
DATE

6/20  
18:09

Hill, Kenny  
NAME: LAST FIRST

17110-016  
REGISTRATION NUMBER

I REQUEST VACATION FROM 7/17/03 TO 7/19/03 (2 days)

\*I REQUEST TO WORK MY VACATION AND RECEIVE PAY IN LIEU OF TAKING THE DAYS OFF \_\_\_\_\_  
(MUST BE ANNIVERSARY DATE).

[Signature]  
INMATES SIGNATURE

APPROVED BY: [Signature]  
WORK SUPERVISOR

APPROVED BY: [Signature]  
DEPARTMENT HEAD

BUSINESS OFFICE:

THE ABOVE NAMED INMATE HAS BEEN EMPLOYED IN INDUSTRIES SINCE 6/19 192001, AND  
HAS ACCUMULATED 18:09 DAY(S) VACATION. VACATION CREDIT IS PRESENTLY BEING EARNED  
AT 7:15 DAY PER MONTH.

(1/2) (1)

COMPUTED BY: [Signature]  
TIMEKEEPER

REVIEWED BY: [Signature]  
ACCOUNTANT

FINAL APPROVED BY: [Signature]  
SUPERINTENDENT

UNIT TEAM ACTION: APPROVED: \_\_\_\_\_

DISAPPROVED \_\_\_\_\_

PLEASE STATE REASONS WHY IF  
DISAPPROVED.

SIGNATURE \_\_\_\_\_

\*THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE.  
(PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

NOTE: THIS FORM MUST BE SUBMITTED 2 WEEKS IN ADVANCE.



U.S. Department of Justice

UNICOR

Federal Prison Industries, Inc.

REQUEST FOR INMATE VACATION

DEPARTMENT

DATE

NAME:

LAST

FIRST

REGISTRATION NUMBER

I REQUEST VACATION FROM \_\_\_\_\_ TO \_\_\_\_\_

\*I REQUEST TO WORK MY VACATION AND RECEIVE PAY IN LIEU OF TAKING THE DAYS OFF  
(MUST BE ANNIVERSARY DATE).

INMATES SIGNATURE

APPROVED BY:

WORK SUPERVISOR

APPROVED BY:

DEPARTMENT HEAD

BUSINESS OFFICE:

THE ABOVE NAMED INMATE HAS BEEN EMPLOYED IN INDUSTRIES SINCE 6/19 192001, AND  
HAS ACCUMULATED 25.24 DAY(S) VACATION. VACATION CREDIT IS PRESENTLY BEING EARNED  
AT 7.15 <sup>hrs</sup> DAY PER MONTH.

(1/2) (1)

COMPUTED BY:

TIMEKEEPER

REVIEWED BY:

ACCOUNTANT

FINAL APPROVED BY:

SUPERINTENDENT

UNIT TEAM ACTION:

APPROVED: \_\_\_\_\_

DISAPPROVED \_\_\_\_\_

PLEASE STATE REASONS WHY IF  
DISAPPROVED.

SIGNATURE \_\_\_\_\_

\*THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE.  
(PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)



UNICOR

Federal Prison Industries, Inc.

Federal Correctional Institution  
Ray Brook, NY 12977

REQUEST FOR INMATE VACATION

LAYUP  
DEPARTMENT

12-6-02  
DATE

25:24

NAME: LAST FIRST

17110-016  
REGISTRATION NUMBER

I REQUEST VACATION FROM 12-20 TO 12-23

\*I REQUEST TO WORK MY VACATION AND RECEIVE PAY IN LIEU OF TAKING THE DAYS OFF  
(MUST BE ANNIVERSARY DATE)

INMATES SIGNATURE

APPROVED BY:

WORK SUPERVISOR

APPROVED BY:

DEPARTMENT HEAD

BUSINESS OFFICE:

THE ABOVE NAMED INMATE HAS BEEN EMPLOYED IN INDUSTRIES SINCE 6/19/2001, AND  
HAS ACCUMULATED 25:24 hrs DAY(S) VACATION. VACATION CREDIT IS PRESENTLY BEING EARNED  
AT 7:15 hrs DAY PER MONTH.

(1/2) (1)

COMPUTED BY:

TIMEKEEPER

REVIEWED BY:

ACCOUNTANT

FINAL APPROVED BY:

SUPERINTENDENT

UNIT TEAM ACTION:

APPROVED:

DISAPPROVED

PLEASE STATE REASONS WHY IF  
DISAPPROVED.

SIGNATURE

\*THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE.  
(PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)



U.S. Department of Justice

UNICOR

Federal Prison Industries, Inc.

I Layup 2  
REQUEST FOR INMATE VACATION

[Signature]  
DEPARTMENT

9-16-02  
DATE

9/30/02  
[Signature]  
18:09

NAME:

LAST

FIRST

17110-016  
REGISTRATION NUMBER

I REQUEST VACATION FROM 10-10 TO 10-12 2 00-15

\*I REQUEST TO WORK MY VACATION AND RECEIVE PAY IN LIEU OF TAKING THE DAYS OFF 2  
(MUST BE ANNIVERSARY DATE).

[Signature]  
INMATES SIGNATURE

APPROVED BY:

[Signature]  
WORK SUPERVISOR

APPROVED BY:

[Signature]  
DEPARTMENT HEAD

BUSINESS OFFICE:

THE ABOVE NAMED INMATE HAS BEEN EMPLOYED IN INDUSTRIES SINCE 6/19 2001, AND  
HAS ACCUMULATED 18:09 hrs DAY(S) VACATION. VACATION CREDIT IS PRESENTLY BEING EARNED  
AT 7:15 hrs DAY PER MONTH.

(1/2) (1)

COMPUTED BY:

[Signature]  
TIMEKEEPER

REVIEWED BY:

[Signature]  
ACCOUNTANT

FINAL APPROVED BY:

[Signature]  
SUPERINTENDENT

UNIT TEAM ACTION:

APPROVED: \_\_\_\_\_

DISAPPROVED: \_\_\_\_\_

PLEASE STATE REASONS WHY IF  
DISAPPROVED.

SIGNATURE \_\_\_\_\_

\*THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE.  
(PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)



**UNICOR**

Federal Prison Industries, Inc.

REQUEST FOR INMATE VACATION

DEPARTMENT

6-26-02 10:54  
DATE

NAME:

LAST

FIRST

1710-016  
REGISTRATION NUMBER

I REQUEST VACATION FROM 7-5 TO 7-6 1 DAY

\*I REQUEST TO WORK MY VACATION AND RECEIVE PAY IN LIEU OF TAKING THE DAYS OFF ~~7-5~~  
(MUST BE ANNIVERSARY DATE).

[Signature]  
INMATE'S SIGNATURE

APPROVED BY:

APPROVED BY:

[Signature]  
WORK SUPERVISOR

DEPARTMENT HEAD

BUSINESS OFFICE:

THE ABOVE NAMED INMATE HAS BEEN EMPLOYED IN INDUSTRIES SINCE 6/19 1920, AND  
HAS ACCUMULATED 70.54 DAY(S) VACATION. VACATION CREDIT IS PRESENTLY BEING EARNED  
AT 7.15 DAY PER MONTH.

(½) (1)

COMPUTED BY:

REVIEWED BY:

FINAL APPROVED BY:

TIMEKEEPER

ACCOUNTANT

SUPERINTENDENT

UNIT TEAM ACTION:

APPROVED: \_\_\_\_\_

DISAPPROVED: \_\_\_\_\_

PLEASE STATE REASONS WHY IF  
DISAPPROVED.

SIGNATURE \_\_\_\_\_

\*THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE.  
(PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)



**UNICOR**  
Federal Prison Industries, Inc.

REQUEST FOR INMATE VACATION

100-106  
DEPARTMENT

5-31-02  
DATE

NAME: Still LAST Green FIRST 17110-016 REGISTRATION NUMBER

I REQUEST VACATION FROM 6-17 TO 6-20

\*I REQUEST TO WORK MY VACATION AND RECEIVE PAY IN LIEU OF TAKING THE DAYS OFF \_\_\_\_\_  
(MUST BE ANNIVERSARY DATE).

James Still  
INMATES SIGNATURE

APPROVED BY:  
W. Huter  
WORK SUPERVISOR

APPROVED BY:  
\_\_\_\_\_  
DEPARTMENT HEAD

BUSINESS OFFICE:  
THE ABOVE NAMED INMATE HAS BEEN EMPLOYED IN INDUSTRIES SINCE \_\_\_\_\_ 19\_\_\_\_, AND  
HAS ACCUMULATED \_\_\_\_\_ DAY(S) VACATION. VACATION CREDIT IS PRESENTLY BEING EARNED  
AT \_\_\_\_\_ DAY PER MONTH.  
(1/2) (1)

COMPUTED BY:  
[Signature]  
TIMEKEEPER

REVIEWED BY:  
[Signature]  
ACCOUNTANT

FINAL APPROVED BY:  
[Signature]  
SUPERINTENDENT

UNIT TEAM ACTION: APPROVED: \_\_\_\_\_ DISAPPROVED: \_\_\_\_\_  
PLEASE STATE REASONS WHY IF DISAPPROVED.

SIGNATURE \_\_\_\_\_

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**UNICOR**

Federal Prison Industries, Inc.

REQUEST FOR INMATE VACATION

LAY UP

DEPARTMENT

DATE

NAME:

LAST

FIRST

REGISTRATION NUMBER

I REQUEST VACATION FROM 2-1-12 TO 2-1-12 2 DAYS

\*I REQUEST TO WORK MY VACATION AND RECEIVE PAY IN LIEU OF TAKING THE DAYS OFF \_\_\_\_\_  
(MUST BE ANNIVERSARY DATE).

INMATES SIGNATURE

APPROVED BY:

WORK SUPERVISOR

APPROVED BY:

DEPARTMENT HEAD

BUSINESS OFFICE:

THE ABOVE NAMED INMATE HAS BEEN EMPLOYED IN INDUSTRIES SINCE 6/19 192009, AND  
HAS ACCUMULATED 25.35 DAY(S) VACATION. VACATION CREDIT IS PRESENTLY BEING EARNED  
AT 7.15 DAY PER MONTH.

(1/2) (1)

COMPUTED BY:

TIMEKEEPER

REVIEWED BY:

ACCOUNTANT

FINAL APPROVED BY:

SUPERINTENDENT

UNIT TEAM ACTION:

APPROVED: \_\_\_\_\_

DISAPPROVED: \_\_\_\_\_

PLEASE STATE REASONS WHY IF  
DISAPPROVED.

SIGNATURE \_\_\_\_\_

\*THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE.  
(PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)



U.S. DEPARTMENT OF JUSTICE  
Federal Bureau of Prisons

INMATE REQUEST TO STAFF MEMBER

DATE: 6-22-01

TO:

Mr. Sapko, Factory Manager  
(Name and title of officer)

Subject: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details).

*I would like to move to the P.M. shift due to my Am. Drug & Alcohol 40 hr. program with Ms. Jessica Hayes. That program is twice a week. Also, I have to attend the G.E.D. class everyday from 2<sup>pm</sup> to 3<sup>pm</sup> recall. Mr. Sapko, I'm hoping you take this in consideration.*

*Respectfully (ours),*

POSTED

Name:

Kenny HillNo.: 17110-016

Work assignment:

Packing Department

Unit:

BA-235L

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

DATE: \_\_\_\_\_

*OK  
6/22/01*

*OK.  
D. English  
Lay-up-2*

*MOVE FROM  
PACK I  
TO  
LAYUP 2  
7/5/01*



**UNICOR**

Federal Prison Industries, Inc.

REQUEST FOR INMATE VACATION

DEPARTMENT

DATE

NAME:

LAST

FIRST

REGISTRATION NUMBER

I REQUEST VACATION FROM 2-1-04 TO 2-5-04 1 day

\*I REQUEST TO WORK MY VACATION AND RECEIVE PAY IN LIEU OF TAKING THE DAYS OFF NO  
(MUST BE ANNIVERSARY DATE).

INMATE'S SIGNATURE

APPROVED BY:

APPROVED BY:

WORK SUPERVISOR

DEPARTMENT HEAD

BUSINESS OFFICE:

THE ABOVE NAMED INMATE HAS BEEN EMPLOYED IN INDUSTRIES SINCE 6/15 1986, AND  
HAS ACCUMULATED 11.88 DAY(S) VACATION. VACATION CREDIT IS PRESENTLY BEING EARNED  
AT 2.00 DAY PER MONTH.

(1/2) (1)

COMPUTED BY:

REVIEWED BY:

FINAL APPROVED BY:

TIMEKEEPER

ACCOUNTANT

SUPERINTENDENT

UNIT TEAM ACTION:

APPROVED: \_\_\_\_\_

DISAPPROVED: \_\_\_\_\_

PLEASE STATE REASONS WHY IF  
DISAPPROVED.

SIGNATURE \_\_\_\_\_

\*THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE.  
(PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

INST: MC FACT: FT GROUP: ft, 0 CREW: PACKING

Name: HILL, KENNY  
Reg-num: 17110-016

Grade: 5

	Amount	Hours		
Standard Pay	\$ 12.13	52:45	Date Computed	07/02/01
Group Incentive Pay	0.00	0:00	Anniversary Date	06/19/01
Indiv. Incentive Pay	0.00	0:00	Longevity Months	8
Overtime Premium Pay	0.00	0:00	UNICOR Work Months	1
Holiday Pay	0.00	0:00	Accrued Vacation Hours	003:45
Administrative Pay	0.58	2:30	Prev Yrs Vacation Hours	000:00
Vacation Taken Pay	0.00	0:00	Unpaid Call-out Hours	12:15
Vacation Cashed Pay	0.00	0:00	Rework Hours	0:00
Lost Time Wage	0.00	0:00	Unpaid Off-std Hours	0:00
Premium Pay	0.00		Final Pay?	NO
Longevity Pay	0.00			
Gross Pay	12.71			
Adjustments	0.00			
Net Pay	\$ 12.71	55:15		

Chris / Davis -

Please check  
Grade. Was Grade 4  
prior. If not  
correct, please get with  
him.

Thanks,

Tim H.

P.S. Can Davis check  
his longevity also.

U.S. DEPARTMENT OF JUSTICE  
Federal Bureau of Prisons

## INMATE REQUEST TO

DATE: 6-20TO: Mr. Sapko, Factory Manager  
(Name and title of officer)

Subject: State completely but briefly the problem on which you desire assistance, and what you think should be done.

*I would like to move to the P.M. due to my am. Drug Alcohol 40 hr. with Mrs. Jessica Hayes. That program is twice a week. Also, I have to attend the G.E.D. class everyday from 2<sup>pm</sup> to 3<sup>pm</sup> recall Mr. Sapko, I'm hoping you take this in consideration.*

*Respectfully (ours),*

Name: Kenny HillNo.: 17110-016Work assignment: Packing DepartmentUnit: BA-235L

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

DATE: \_\_\_\_\_

*OK  
6/22/01*

*OK.  
D. English  
LAY-UP-2*

*MOVE FROM  
PACK I  
TO  
LAYUP 2  
7/5/01*

# UNICOR

(FCI McKean)

## "Notice of Unsatisfactory Work Performance"

To: Hill, Kenny Number: 17110-016 Date: 9-22-03

(Name Last, First)

UNICOR McKean start date: \_\_\_\_\_ Current Grade: 4 Unit: B-A

This is to advise you of your unsatisfactory work performance on: 9-22-03

Specifically: Inmate Hill #17110-016, was late returning from the evening meal. The return time to report back to work was 5:40pm, inmate Hill did not return to work until 5:47pm, this making him 7 minutes late.

### Supervisor's Recommendation:

- 1) Written Warning YES
- 2) Grade Reduction from \_\_\_\_\_ to \_\_\_\_\_; No. of days \_\_\_\_\_
- 3) Job Change \_\_\_\_\_
- 4) Removal \* \_\_\_\_\_
- 5) Other \_\_\_\_\_

\* Third offenses, whether related acts, or not, automatically require the recommendation for "Removal." All recommendations for "Removal" must be approved by the Superintendent of Industries.

[Signature]  
Inmate signature

9-22-03  
Date

[Signature]  
Staff signature

9-22-03  
Date

Final disposition : \_\_\_\_\_

\_\_\_\_\_  
Superintendent of Industries Date

# UNICOR

(FCI McKEAN)

## "Notice of Unsatisfactory Work Performance"

Name: Hill Kenny Number: 17110-016 Date: 9/8/03  
(Last, First)

UNICOR McKean start date: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Unit: \_\_\_\_\_ This is to advise you of your unsatisfactory work performance on: \_\_\_\_\_

Specifically: On 9/4/03 At 10:40pm, Inmate Hill  
Attempted to leave UNICOR with a 16 oz  
Bottle of Pine oil. He said he was going to  
Use this to Clean his room.

### Supervisor's Recommendation:

- 1) Written Warning ☒ \_\_\_\_\_  
2) Grade Reduction from \_\_\_\_\_ to \_\_\_\_\_; No. of days \_\_\_\_\_  
3) Job Change \_\_\_\_\_  
4) Removal \*\* \_\_\_\_\_  
5) Other: \_\_\_\_\_

\*\* Third offenses, whether related acts, or not, automatically require the recommendation for "Removal". All recommendations for "Removal" must be approved by the Superintendent of Industries.

NOTE: Your signature is not an admission of guilt. It merely indicates that you have been counselled concerning this matter.

Kenny Hill 9-8-03  
Inmate Signature Date

[Signature] 9/8/03  
Staff/Signature Date

Final disposition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Employee Work History

NAME: Hill, KENNY NO. # 17110-016HIRE DATE: 06/19/01 Prior UNICOR Credit Accepted: 07 MonthsYear 2002

	# Months	Vac Earned	Vac Used	Vac Balance	Remarks
Jan	15	7:15		25:39	
Feb	16	7:15	14:30	25:39	VAC 7/4, 7/5 Error + 7:30 UNICOR
Mar	17	7:15	7:30	25:24	↓
Apr	18	7:15		32:39	
May	19	7:15		39:54	
Jun	20	7:15	29:00 + 7:15	10:54	VAC 6/2 6/18 6/19 6/20 6/21
Jul	21	7:15	7:15	10:54	VAC 7/5 7/6 7/7
Aug	22	7:15		18:09	
Sep	23	7:15	7:15	18:09	VAC 9/16 9/17
Oct	24	7:15	14:30	10:54	VAC 10/11 10/12 10/13
Nov	25	7:15		18:09	
Dec	26	7:15	7:15 + 7:15	10:54	VAC 12/20 12/21 12/22

Year 2003

	# Months	Vac Earned	Vac Used	Vac Balance	Remarks
Jan	27	7:15 + 7:15		18:09	
Feb	28	7:15 + 7:15	7:15 + 7:15	10:54	VAC 2/4 2/5
Mar	29	7:15 + 7:15		18:09	
Apr	30	7:15 + 7:15	2:15	3:39	VAC 4/14 4/15 4/16
May	31	7:15 + 7:15		10:54	
Jun	32	7:15 + 7:15		18:09	
Jul	33	7:15 + 7:15	14:30	10:54	VAC 7/17 7/18
Aug	34	7:15 + 7:15		18:09	
Sep	35	7:15 + 7:15	2:30 + 7:15	10:54	VAC 9/15 9/16
Oct	36	7:15 + 7:15	7:15	18:09	VAC 10/23
Nov	37	7:15 + 7:15	14:30	10:54	VAC 11/26 11/27
Dec	38	7:15 + 7:15		18:09	

Year 2004

	# Months	Vac Earned	Vac Used	Vac Balance	Remarks
Jan	39	7:15 + 7:15	7:15 + 7:15	10:54	VAC 1/20 1/21
Feb	40	7:15 + 7:15	7:15	10:54	VAC 2/13 2/14
Mar	41	7:15 + 7:15	7:15 + 7:15	3:54	VAC 3/12 3/14
Apr	42	7:15 + 7:15	7:15	3:54	VAC 4/16
May	43	7:15 + 7:15		11:09	
Jun	44	7:15 + 7:15	7:15	11:09	VAC 6/2
Jul	45	7:15 + 7:15		18:24	
Aug			7:15 + 7:15		VAC 8/3 8/4
Sep					
Oct					
Nov					
Dec					

Employee Work HistoryName: Hill, KennyNo. #17110-016Hire Date: 06/19/01Prior UNICOR Credit Accepted: 07 MonthsYear: 2000

	# Months	Vac Earned	Vac Used	Vac Balance	Remarks
Jan					
Feb					
Mar					
Apr					
May					
Jun					
Jul					
Aug					
Sep					
Oct					
Nov					
Dec					

Year: 2001

	# Months	Vac Earned	Vac Used	Vac Balance	Remarks
Jan					
Feb					
Mar					
Apr					
May					
Jun	08	3:45		3:45	
Jul	9	3:45		7:30	
Aug	10	3:38	7:15	3:53	VAC 8/24
Sep	11	3:38		7:31	
Oct	12	3:38		11:09	
Nov	13	7:15	7:15	11:09	VAC 11/26 <i>So</i>
Dec	14	7:15		18:24	



GED N

L 7

Enrolled  
MED CLASS  
5-14-01MCK2G 531.01 \*  
PAGE 001 OF 001 \*INMATE HISTORY  
WRK DETAIL\* 06-15-2001  
\* 14:48:22REG NO.: 17110-016 NAME: HILL, KENNY  
CATEGORY: WRK FUNCTION: PRT FORMAT:

FCL	ASSIGNMENT	DESCRIPTION	START DATE/TIME	STOP	DATE/TIME
MCK	ORD B A	ORDERLY BA	04-12-2001 0001	CURRENT	
MCK	UNASSG	UNASSIGNED	04-11-2001 0001	04-12-2001 0001	
MCK	A&O	ADMISSION & ORIENTATION	04-06-2001 0845	04-11-2001 0001	
LEW	UNASSG	UNASSIGNED WORK DETAIL	04-02-2001 1905	04-06-2001 0603	
OKL	UNASSG	UNASSIGNED HOLDOVER	03-28-2001 1715	04-02-2001 0810	
THA	IND FIN PM	INDUSTRIES FINISH P.M.	✓ 11-06-2000 0001	03-28-2001 0800	4
THA	IND FINISH	INDUSTRIES FINISH	✓ 09-22-2000 0001	11-06-2000 0001	3
THA	ORD C	ORD	08-04-2000 0001	09-22-2000 0001	
THA	UNASSG	UNASSIGNED WORK DETAIL	07-06-2000 1000	08-04-2000 0001	
OKL	UNASSG	UNASSIGNED HOLDOVER	07-03-2000 1640	07-06-2000 0710	

G0000

TRANSACTION SUCCESSFULLY COMPLETED

pract

6/19/01

CK

pract

MCK2G \* INMATE DISCIPLINE DATA \* 06-15-2001  
PAGE 001 OF 001 \* CHRONOLOGICAL DISCIPLINARY RECORD \* 14:48:07  
REGISTER NO: 17110-016 NAME...: HILL, KENNY  
FUNCTION...: PRT FORMAT: CHRONO LIMIT TO \_\_\_\_ MOS PRIOR TO 06-15-2001

G5401 DISCIPLINE DATA DOES NOT EXIST FOR THIS INMATE